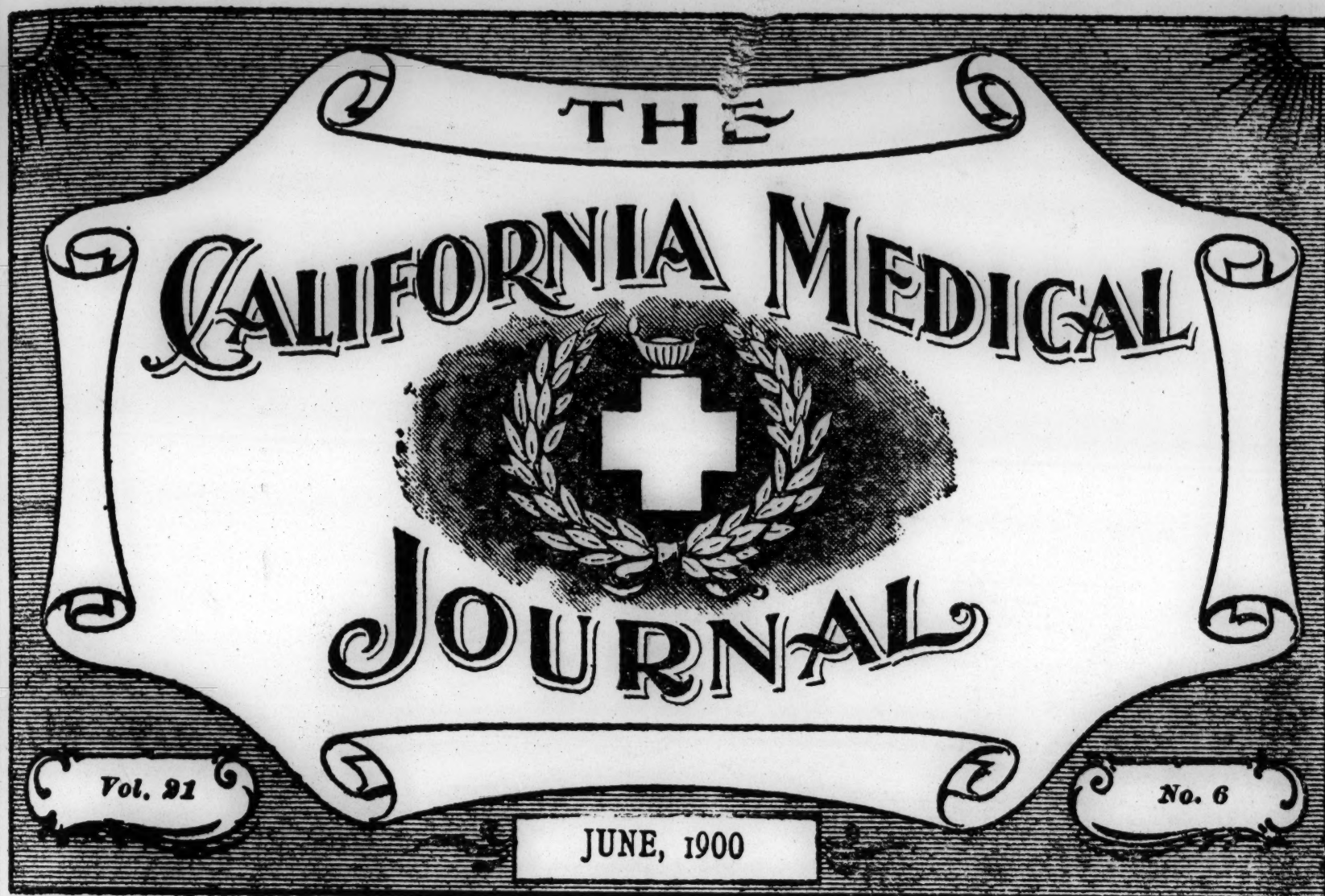


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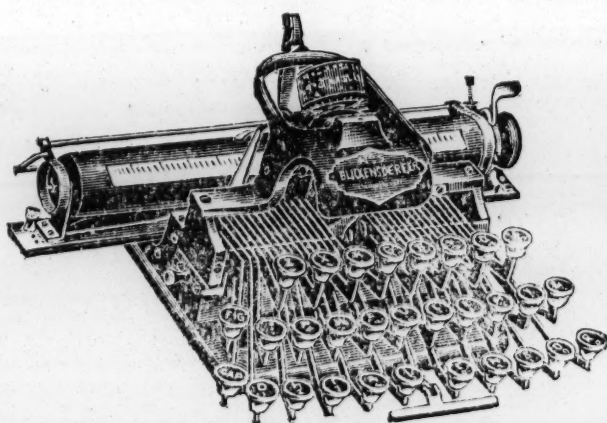
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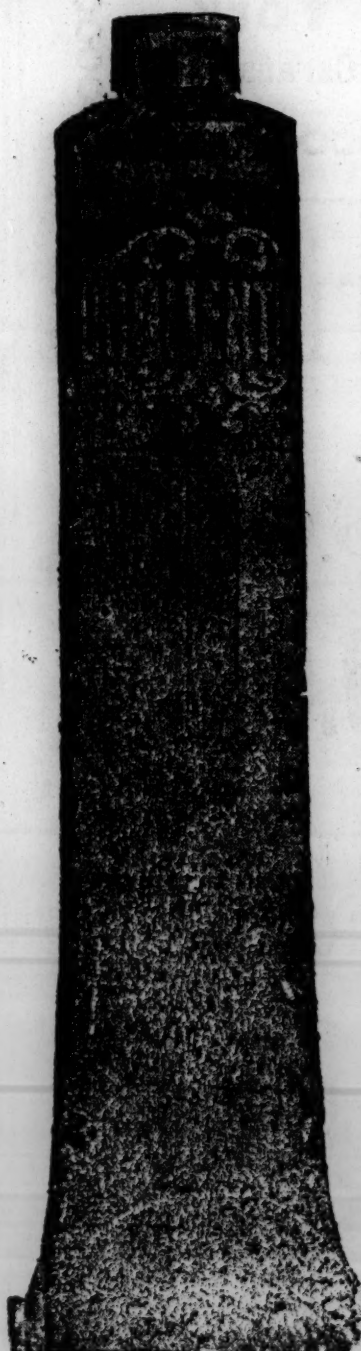
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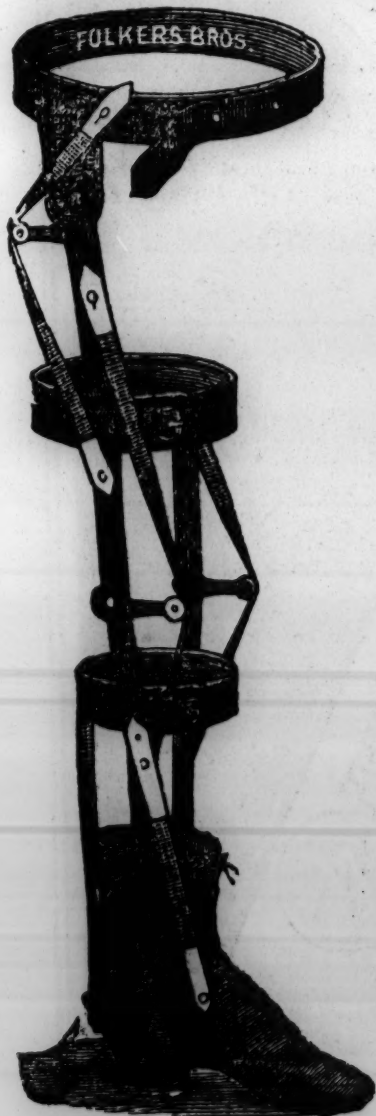
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California Medical Journal.

Vol. XXI.

SAN FRANCISCO, CAL., JUNE, 1900.

No. 6

Indigestion.

G. D. RICH, M. D., SONOMA, CAL.

WHEN we consider the many diseases for which the physician is called upon to render treatment, there is none so frequently met with as indigestion. It is a common disorder of the age; so common, indeed, that we observe its manifestations in our daily practice.

Indigestion makes no distinction as to race or sex, and includes every grade of severity, which exhibits itself under a great variety of phases, and regarding whose essential pathology there has been much debate. Its clinical picture is easy to be recognized, but unless we are able to associate the clinical features of a disease with its morbid anatomy, we have no correct basis of classification, nor have we that perception of the principles of *specific treatment* which will enable us to pursue an intelligent plan or to form a rational prognosis.

Indigestion manifests two forms: Gastric and intestinal. The writer prefers to discuss the latter.

According to physiologists, the process of intestinal digestion, as it takes place in the intestines, is exceedingly

important and complex, and is brought about by the action of the pancreatic juice, the bile and the succus entericus.

The all-important function of the intestines is to receive the contents of the stomach at the close of gastric digestion and to transform all the remaining undigested nutritive materials into absorbable and assimilable compounds.

Etiology.—Anything which tends to lower the vital forces will, to a certain extent, affect normal digestion through various modifications of nervous susceptibility. Local causes are indiscretions in diet, catarrh of mucous membrane lining the intestines, torpid liver affecting the secretion of the bile, and deficient enzymes contained in the pancreatic juice.

Symptoms.—There are seldom two cases of intestinal indigestion that will present the same line of symptoms. Sometimes the many varied signs presented under the head of intestinal indigestion are complex and misleading to the inexperienced practitioner. However varied the symptoms, if the physician is a close observer, there are

no reasons for a mistake in the diagnosis. It is not the basic lesions of intestinal indigestion that are misleading; it is the various reflex phenomena.

During the primary stage of intestinal indigestion, we frequently observe the following symptoms: Slight anorexia, more or less distress about two hours after each time of eating, usually constipation, alternated with lientery. If the aforementioned condition is allowed to continue without medical intervention, the case becomes more marked. Emaciation, loss of muscular tonicity, pallid condition of the mucous membranes, accompanied with the various abnormal reflex symptoms. The heart's action is more or less impaired, manifesting irregularity, palpitation, and susceptibility to the slightest stimuli.

Diagnosis.—The diagnosis may be summed up as follows: Anorexia, constipation, usually alternated with diarrhea, pain in the hypogastric region about two hours after meals, with accumulation of gas in the lower bowel. Latent symptoms are emaciation, pallid condition of the mucous membranes and a general loss of muscular tone.

Prognosis—Idiosyncrasy and hereditary tendencies should govern our prognosis. Comparatively speaking, intestinal indigestion taken in time, with the election of an intelligent course of *specific medication*, our prognosis should be favorable.

Treatment.—For the Eclectic physician, there is only one course of rational treatment that presents itself for consideration, and that is *specific medication*. Study each case individually.

Begin treatment by removing the various causes. Temperance in all things. Select a diet suited for the case at hand. Total abstinence from alcoholics, coffee, tea, strong pepper, mustard and coco should be enjoined. If the sufferer partakes of tobacco in excess, means should be adopted to lessen the amount or enforce total abstention, if possible.

We must caution against the taking of large quantities of the carbohydrates. It is also in order to advise against the use of the oleaginous group. However, circumstances alter cases, and not infrequently we will have to select a diet accordingly.

For the constipated condition of the bowels, we must administer something to establish the secretion of the intestinal glands. If there is atonic condition of the mucous membranes *spec. nucis vom.* is indicated. When we want to increase peristalsis, rhubarb is a capital remedy. When we only want to effect an action of the lower bowel, *rhamnus pur.* answers all intents and purposes. The intestines normally are alkaline in reaction, hence the kind effect of the alkalies when indicated. If saline laxatives are indicated, *natrum phosphate*, *mag. sulph.* or *liquor mag. cit. eff.* will give the desired results. If the feces are light colored, with fullness of the venous circulation and brown coat on the tongue, all indicating torpidity of the liver, *podophyllin* is the indicated remedy, or, in some cases, *spec. chionanthus* or *chelidonium* may prove of service to the case in hand.

Where we want to establish the secretion of the pancreas and aid digestion, we should select some one of the

following remedies: Spec. colocynth, nucis vom. or piper methys.

We will meet with some cases where we will have to substitute nature's enzymes in order to obtain a kind effect from our stronger remedial agents. Papoids and peptenzyme are first rate to aid digestion and assimilation. This is the usual prescription:

R Papoid..... ʒiv

Elix. peptenzyme..... ʒiv

M. et sig.: ʒj four times a day.

If the heart's action is impaired spec. cactus will usually bring about the desired results, or, in some cases, strophanthus may be preferable. However, study each case separately and always give the *indicated remedy*.

Causes, Diagnosis and Treatment of Cystitis.

RAMON GUITERAS, M. D.

IN the treatment of tubercular cystitis, the practitioner encounters a condition that taxes all the resources at his command, and he errs, as a rule, on the side of too much, rather than too little treatment. In other words, it often happens that the more you treat the patient locally for his cystitis, the worse his condition becomes. It is, therefore, necessary to proceed cautiously in the treatment of this form of bladder inflammation, and, above all, is it important to improve the general condition of the patient as much as possible. If we were to treat patients suffering from tubercular cystitis along the same lines as pulmonary cases, namely, by sending them away to lead an open-air life under conditions that would improve the nutrition to the utmost, the condition would be much more rapidly improved or cured than by anything that could be done by the ablest specialist of the period.

Numerous remedies have been recommended by different authorities for the treatment of this form of cystitis, and naturally every practitioner who encounters this rebellious trouble grasps

at anything that offers the probability of a cure. Guyon at one time advocated the use of intravesical injections of bichloride of mercury, 1 to 10,000, and since then many have been following his advice, but such a solution will rarely cure this disease, while it usually produces an irritation that is almost unbearable.

Nitrate of silver and permanganate of potassium have the same effect. Boric acid and boro-glycerine irritate less, but do not seem to possess the power to ameliorate the disease. And iodoform injections have been advocated, and the procedure would seem to be founded on a logical basis. Three or four ounces of a five-per-cent solution of iodoform in liquid vaseline are injected into the bladder every two or three days, the patient being instructed to watch the stream when he urinates and to stop the flow just as soon as the oil appears. This forms a permanent iodoform dressing of the bladder-wall, and in the hands of some of the French surgeons is said to have met with gratifying results.

Personally, I have had better results

with borolyptol in this class of cases than with any other remedy which I employed. This seems to have a powerful germicidal effect, while the fact that it does not irritate the bladder renders it pleasant to the patient. It is used in the strength of from 1 to 8 to 1 in 16 in irrigations by the hydrostatic methods. After a few irrigations at the office, the patient will be able to use it every night at home. I have one patient now under observation who suffered for a number of years from a most aggravating frequency of urination, and accompanied by some pain, dependent upon a tubercular cystitis. Under this treatment, the urine has cleared up, the tubercle bacilli have disappeared, and the patient can hold his urine from seven to nine hours at night and from four to six hours during the day.

Internally, in connection with any local treatment, an internal antiseptic should be used as a palliative measure;

it is wonderful how much relief may be given to the patient by this means, even although pus remains in the urine and the tubercle bacilli still be found. One patient has been coming to me for three months who was entirely relieved of his disagreeable subjective symptoms by a mixture containing 10 minims of the tincture of belladonna, 15 grains of benzoate of soda, and oil of gaultheria up to one drachm, t. i. d., although not until he was put on the borolyptol irrigation did the pus and tubercle bacilli in the urine diminish to any marked degree. The effect of the palliative internal medication is worthy of notice, in view of the fact that he had suffered for fourteen years and had been under the care of many different physicians without relief, having most probably been overtreated by too much instrumentation and too frequent or too irritating irrigations.—Reprinted from the *Medical News* of April 17th, 1900.

Does Matter Think?

O. S. LAWS, A. B., M. D., LOS ANGELES, CAL.

[Read before the Southern California Medical Society May 8, 1900.]

THIS question closed an interesting paper by Dr. Bissell, some years ago, concerning the conduct of an elm tree.

As the doctor puts it as a question, we must infer that he is not fully prepared for the logical results of an affirmative answer. Yet, if he is a materialist—as his writings seem to indicate—he is bound to answer, "Yes, matter thinks, for there is nothing else to think." And all materialists are logic-

ally obliged to give the same answer to the question.

But the spiritist answers, "No." So we hear two answers, an affirmative and a negative, and it may be of some interest to us to examine the tenability of each.

By spiritist I mean one who believes in the dual nature of man, and that the spirit survives the body and is, in fact, the man. The materialist denies the existence of anything that cannot prop-

erly be termed matter, and that matter is eternal.

I come not as a teacher on this profoundly interesting subject, but, by presenting some of my own thoughts, to stir up an interesting interchange of thought. As I naturally prefer a future life to the material notion that death ends all, I am liable to be partial to seeming evidence that tends to sustain the affirmative.

I think that if it can be proven that *matter thinks*, materialism will be proven, and the inevitable conclusion must follow that "Death ends all." I could here present some interesting facts, that I cannot explain, which stubbornly lean toward the material side, but it would lengthen my paper beyond my notions of propriety. And if we can show beyond a reasonable doubt that the spiritist's view is most tenable, it will be sufficient to decide which way to answer the question.

If there is nothing but matter, then mind is material, and thought must of necessity be material. We have concrete thoughts and abstract thoughts. I admit that matter is necessary as a medium for concrete thoughts, which are *neurograms* transmitted to the mind through the sensory nerves of sight, of hearing, of smell, taste and touch. Concrete thoughts are taken into the great storehouse of memory, to be used in abstract thinking. Now, with me, the whole question is settled at this point. If matter thinks, then the material brain is the storehouse and receives the impressions of the *neurograms* as indentures on the brain, like the wax of a phonograph, and the

permanence of these indentures constitute *memory*.

There are at least two serious questions to meet in accepting that theory. Supposing the impressions are made on the brain, how are they reproduced when needed? The phonograph needs an outside party to set it in motion. But as the brain cannot revolve, the impressions must be visible or tangible before the talking, or thinking, machine can report them. If the brain is an automatic machine, it would be eternally reproducing all its impressions in endless confusion and we would all be maniacs.

Then, again, as we all know, the tissues of the brain, as well as of other parts of the body, are renewed often in an ordinary lifetime, and the impressions would be carried away in the natural waste. But the well known fact that we distinctly, and even vividly, remember much that we saw and did in the first five years of our lives renders the idea absurd. The brain is renewed many times in fifty years.

Then, again, think of the thousands of acres of tissue it would take to hold all the landscapes we can recall in a moment, to say nothing of the books, speeches, faces, facts, etc., that can readily be recalled.

The indenture idea does not bear the test of reason, and can only be held by those who take refuge behind it to escape some undesirable conclusion.

Again, a large part of our memory consists of facts. We remember the fact that at some time the olfactory nerves were impressed by the oil of roses, that it was very pleasant, but

soon passed away and we could not smell it at all. Did that odor impress the brain so that we can reproduce the odor? Never. But the fact remains in memory, and we would at once recognize the same odor if it reached the nostrils. I have been nearly knocked down by an odor of a little animal called a skunk, but the odor soon passed away, yet the fact remains in memory.

Thus we look in vain for any reasonable foundation for this indenture theory, yet it is instilled into the minds of our young men and women in at least one of our State Normal Schools by professors who are paid by the State to teach science.

I have studied my own personality for many years to try and solve the problem. I have carefully studied the claims and conduct of Spiritualists, but they have been caught in so much fraud and deception that we learn but little or nothing reliable.

One thing I am convinced of, that I can know nothing of this material universe except through the five senses, and when from any cause these avenues are closed, a state of unconsciousness exists, either temporarily or permanently. Catalepsy is supposed by our dictionaries to be such a state. But all the cases I have ever heard of as escaping from the undertaker claimed they were keenly alive to all that was going on, but could neither move nor speak. The *will* had lost control over its machinery.

But in cases of apoplectic and epileptic seizures, we have genuine cases of unconsciousness. All the senses are suspended, and consequently there is

no memory of anything that passes during that time. For the time it lasts it is equivalent to death. If the machinery again comes under control of the will, life is prolonged. If not, death, or permanent separation of body and spirit, is the result.

From the foregoing remarks, and much more on the same line that is familiar to us all, I make the following deductions:

1st. Regardless of how or where the thought impressions are made and retained, there must be a reader and reporter of the thoughts before they can be communicated to others. The printed page cannot read itself nor the organ play the sheet music lying on it.

2nd. I can think of nothing that I have not learned through the nerves of sensation.

3rd. That the thoughts or impressions thus received constitute what we call memory, and can be used for abstract thinking to an unlimited extent, and have been retained vividly up to a hundred years or more.

4th. That they cannot reasonably be called material, in our use of that term, nor engraved on material tissues, as these are broken down and renewed many times in a century.

5th. Hence, as memory is thus independent of the material changes of the body for so long a time, it is reasonable that it may continue indefinitely, and is an attribute of the spirit, the Ego, that animates and controls the body, and without which the body can never think, but would be deaf and blind to all the lamentations of friends and loved ones.

6th. No, my gentle brothers, matter cannot think, but obeys the laws enacted by the great Lawgiver, many of which we think we can understand, such as vegetable growth and the peculiar conduct of Dr. Bissell's tree.

But thought belongs to the imperishable, indestructible Spirit that gathers its food for growth through material avenues, and the future weal or woe must depend on that food. "For, as a man thinks in his heart, so is he." And as the material brain can only serve as a medium for gathering thoughts by the indwelling Ego, surely a tree without nerves of sensation cannot gather thoughts.

My seventh and last is, that as you may sever the limbs and other members from the body and yet leave a per-

fect mental state; or destroy in infancy the two most important senses, sight and hearing, as in Helen Kellar of Alabama, and yet make a brilliant and high-grade scholar of her through the remaining senses, we are forced to the conclusion that the body is only a tenement, and may be totally destroyed and leave us perfectly conscious of all that we are or ever have been, and death of the body does not end all.

I will close with a few words of Addison on Plato's soliloquy concerning the immortality of the soul. He had been reading Cato's reasoning on the subject of a future life, and exclaimed, "It must be so, Cato; thou reasonest well. Else whence comes this pleasing hope, this fond desire, this longing after immortality?"

The Neglect of Drinking Proper Amounts of Water.

Editorial in "The Medical World."

THAT water is the beverage intended by Nature for the use of man may be regarded as an axiom; but that man uses the fluid according to the plan is a matter not so clearly established.

We believe that but few people drink enough pure water to supply the needs of their systems. Almost every potable fluid has been called into requisition as a substitute, in willing defiance or ignorant neglect of the provisions of Nature; but the basic principle of all potable beverages, pure water, is used very sparingly.

Most of the substitutes employed will sustain life, some for a short period and others indefinitely. Milk, coffee, tea, cocoa, buttermilk, alcoholic liquors,

acidulated and artificially prepared waters, all have their devotees. Water, of course, is the diluent agent in all of these, but every one requires a certain amount of functional activity before contained water is ready for assimilation by the organism. Each has more or less true food value, but why should we take food, even in infinitesimal quantity, when we are only thirsty and have no thought of hunger? Moreover, every one of the substitutes for water contains ingredients which, in excess, readily disturb digestion. The user of any of these substitutes rapidly acquires a "taste" for his favorite beverage which is not satisfied by any other fluid. This taste is but the evidence

of an artificial appetite, and hence, in even so harmless a drink as buttermilk, there must exist some element which unfits it for being a rational beverage for continuous use, from the very fact that it has this power. An artificial appetite is always a "craving" appetite, and is not a true call of the system for the fluid. This property of the comparatively innocent buttermilk, is possessed in greater degree by the more questionable fluids, in an ascending scale from coffee up to the light wines and beer. This craving is a constant inducement to excessive use of the selected fluid.

Water has none of these objections. It has no food properties. We never feel the impulse to drink water except when we are thirsty; such impulse, then, is purely natural. We never think of drinking more water than will satisfy the existing thirst. It never disorders digestion. It never creates a "taste" or artificial appetite. It is always ready for the immediate use of the organism and puts no tax on the functional powers. Such considerations of the effects of other beverages, however mild the beverage or slight the effect, illustrate plainly that the provision of Nature has been wise and just. There can never be a satisfactory substitute for water.

No one drinks too much water, but many people drink it improperly. Ice water is not a fit beverage at any time. Nor should water be gulped, a half pint at a time, as we have often seen it used.

In those numerous cases we see in the heated term, where the symptoms

point plainly to an origin in disordered digestive function, we state a false diagnosis when we say, "been drinking too much water." It may be quite likely that water has been drunk improperly, and has entered a disordered stomach; and as the symptoms follow the ingestion, the patient is ready to blame the water; but the physician should not permit either himself or the patient to be deluded.

In those cases of actual illness where water is rejected by the stomach, the fault is not in the water. The case is indeed rare in which water cannot be taken in at least teaspoonful doses and retained. There is no known contraindication to the ingestion of water, either in sickness or in health, unless it be very temporary in character. Even the supposed injurious effects of taking it with meals are due entirely to bolting the food and using the water as a lubricant to hasten the bolus down the gullet; and if the fluid be taken in swallows when the mouth is empty, it stimulates the flow of saliva and dilutes the saliva so that it is more surely brought into contact with all the starchy food particles requiring its ministrations. Pure water flushes the kidneys, great sieves as they are of the waste products of the body.

Many men and women actually never taste water, but depend alone on other fluids, and the chosen one is seldom, if ever, milk or buttermilk. Many such people are the most rabid temperance people, but their fanaticism against alcohol has so blinded them that they can only see intemperance in the use of that fluid. Numerous cups of tea

or coffee, at meals and between meals, until their gastric powers are enervated and their nerves unstrung, seem to them perfectly consistent with "temperance." But the inspired writer said, "Be ye temperate in all things." We are old-fashioned enough to believe that when he said "all" he meant *all*.

But a few temperance people really practice "temperance;" and what shall we think of the liquid nourishment supplied their bodies? They take but one "cup" (not over one-half pint) of tea, coffee or milk at each meal, and never touch fluids between meals. Naturally they do not and can not possibly excrete the fifty to sixty ounces of urine we know to be the normal amount, since they ingest daily but twenty-four ounces, and no known food can supply such a marked deficiency.

Measure the daily excretion from such people, and though they believe themselves healthy, you will often find the twenty-four hours' total to be under thirty-five ounces. What wonder that their backs ache? What wonder that they have ardor urinæ and cystitis? And what wonder that, later, they develop nephritis in some of its various forms? Such people actually do not know how much water to drink, or

even, in some cases, know enough to drink water at all.

If you ask them how much water they consume daily, they will look a little startled, then slightly confused, as if they thought you were accusing them of indulgence in liquors; and finally they will assure you, in all sincerity, that they cannot (!) drink water, and for that reason never touch it at all as a beverage. The reasons given for not using water are numerous and ludicrous—"Disorders digestion," "Bloats my stomach and bowels with gas," "Gives me diarrhea," etc.

If our remarks seem extreme to any reader, we will wager it is because he has failed to investigate the matter, particularly among his female clientele. Just make a few inquiries. Surely it would be a logical part of information in making a diagnosis as to the probable cause of ardor urinæ, or constipation, or cystitis, and in numerous other affections.

The duty of the physician is plain. We should teach hygiene to our patients and the proper drinking of reasonable amounts of pure water and less coffee, tea, milk and liquor, is surely a very important item in personal hygiene.

Diabetes Mellitus.

L. A. PERCE, M. D., LONG BEACH, CAL.

[Read before the Southern California Eclectic Medical Society May 8, 1900.]

THERE are a few facts to be taken into consideration, in discussing the treatment of diabetes mellitus, which of necessity must not be overlooked. This condition of itself can

hardly be considered as more than a symptom, the causes of which are many of them still unknown, while others are quite apparent.

The many theories as regards the

mechanism of perverted sugar transformation and assimilation are too elaborate to here receive more than passing notice. This feature can safely be left to the perusal of text-books. Heredity, beyond question, forms an important factor in this study of the causation of diabetes, and must be borne in mind in our search for the true primary cause. Diabetes is so closely associated with a gouty relationship, we are not exempt from all blame if we attempt to overcome this condition without closely scrutinizing our patient for the purpose of establishing the fact of its presence or absence. Excessive mental anxiety, overwork and climatic conditions occupy a higher plane in the establishment of this trouble and often, without careful consideration, will prevent the possibility of relief, much more that of a cure.

The fact of sugar being found in the urine is not positive evidence that diabetes in fact exists, as it is well recognized that certain diseases of the nervous system are frequently accompanied by the presence of sugar, which varies not only in quantity, but also varies in its presence and absence. It is not an uncommon coincidence to find a comparatively free display of sugar in the urine after the eating of a hearty dinner, this, too, without a very noticeable change in the specific gravity of the fluid voided, and no appreciable manifestation of evidence otherwise to indicate a permanent, or even periodical presentation of such production.

It can readily be appreciated that an habitual over-consumption of carbohydrate food may be a frequent cause of

a permanent display of sugar, which leads to a diabetic condition. Some are of the positive belief that the pancreas has an important part in the destruction of this product within the organism, by a peculiar ferment generated by this organ. Von Mering, Minkowski and Lepine have demonstrated to at least their own satisfaction that upon the complete removal of this organ rapid waste and diabetic urine takes place, while a partial removal has no such effect.

I have not spoken of the common acceptance of one of the prime factors of the cause of diabetic urine, that of the formation by the liver, as I am convinced that it holds but a small part in the transformation, and generally can be entirely eliminated from our consideration. It is an indisputable fact that sugar is often found in the urine of those suffering from liver complications, but my belief is that this is not the origin of the sugar process, but more truly a lack of proper assimilation and excretion.

The general effect of the presence of sugar in the urine is quite manifest in many cases by a very perceptible tissue waste and emaciation, as well as the peculiar expression of countenance, apparent langor and inability to at all times concentrate one's energies sufficiently to attend to ordinary business cares. Yet often we find our patients for some time throwing off large quantities of this formation with their urine who suffer very little inconvenience therefrom, otherwise than the generally present gastric disturbance, and who can hardly be made to understand the

importance of the condition, or the necessity of its correction.

Much might be said regarding the treatment of this unpleasant condition, but I shall enumerate only a small proportion of the means to benefit, as the different methods of medication are as varied as the opinions as to the cause. The prime factor of the management and care of those so unfortunate as to come under this category of diabetes must depend upon the patient themselves, as diet is a large part of either success or failure. As to this regime I will not speak, as circumstances, as well as physiological conditions, make it impossible for all to be placed within the same range of diet. Gastric disturbance must of necessity be carefully corrected as far as possible before a proper assimilation of any class of food, or medication, can be of great benefit.

I consider Lloyd's asepisin, given usually in solution—four grains to the ounce, often with bismuth sub. nit.—one of the best methods to put the digestive organs in good condition to properly accept the treatment for the eradication of the sugar. I have found ergot to be of great advantage when great thirst predominates, particularly when the tissue is lacking contractile force. *Rhus aromatica* is often of great service where enuresis is present and persistent. In a given case, where fre-

quent urination with heat, and a burning desire to very soon again empty the bladder exists, nothing so quickly relieves as Lloyd's thuja, in drop doses in glycerine.

Often we must overcome an obstinate and persistent constipation, which must be relieved according to the symptoms presented, but generally an alkaline laxative will be required. Not infrequently a change of occupation, with careful dieting, will relieve to a great extent the extreme seriousness of our case and require very little medication. I am not one of those who believe diabetes to be always incurable, and that our methods must be directed principally to temporary relief, thereby gently smoothing the path to the eternal hereafter, but prefer to believe, through proper diagnosis and medication, many cases can be positively cured.

I do not pretend to say we are to be confined to the few remedies I have enumerated, but I have given them precedence here, as we are more or less familiar with their specific action. Recently I have given a considerable attention to the application of the galvanic current in this trouble, and can say I have had some very favorable results by stimulating a better nutrition and relieving nervous complication. I am not prepared to say that its effect is curative.

Regarding Echinacea.

ECHINACEA *Augustifolium* has long been used in the Western States as a domestic remedy, but has only recently attracted the attention of the medical profession. Scientific and em-

pirical observations have demonstrated its value in a number of pathological conditions, and the consensus of opinion seems to be that our *materia medica* has been materially enriched by the

introduction of this remedy to the medical profession.

The local action of echinacea on the mouth and fauces resembles that of pyrethrum, acting like it as a sialogogue and causing a persistent tingling of the mucous surfaces with which it is brought into contact.

Its systemic effects may be compared with baptisia, although, unlike that drug, echinacea is not toxic and is susceptible of a wider range of therapeutic application.

Echinacea may be appropriately termed a vegetable antiseptic and a powerful eliminant of toxines, whether such exist as a result of auto-intoxication, or are due to a specific poison, as of diphtheria, typhoid fever or syphilis, in all of which conditions it has been successfully prescribed.

Echinacea is highly recommended as an alterative in scrofulous and syphilitic conditions, and as a restorative to the tissues generally; in gastric diseases of a septic character, cholera morbus, cholera infantum, exanthematous diseases, and for its anodyne effects, it relieves the pain of erysipelatous phlegmons, and it has been used in inflammation of the male and female urethra, and in gonorrhea, with the effect of lessening the pain and diminishing the discharge. Late reports attest its value in several cases of hydrothorax, in which tapping only afforded temporary relief, but which were soon cured by the internal administration of echinacea.

In cases of borborygmus, echinacea is of great value, and fermentative dyspepsia is often relieved by it when

other treatment fails. Its use has also been suggested in cerebro-spinal meningitis. Dr. M. E. Ball, Clinton, Mo., reports having obtained excellent results from normal tincture echinacea in that condition.

Topically it is recommended in nasal catarrh, ulcerated sore throat, stomatitis and post-nasal ulcerations.

To ward off impending appendicitis, echinacea is highly spoken of. One of the valuable properties of echinacea is the effect it has in increasing the solid constituents of the urine when subnormal, this action being in accord with the experience of observers who have noted its peculiarity in stimulating retrograde metamorphosis and elimination. The following testimonial, recently received from Dr. G. W. Lawrence, Colorado Springs, Colo., attest to the value of echinacea in snake and tarantula bites:

"Last summer I knew of two horses which were bitten by a rattlesnake. I applied echinacea to one—the other having died. The horse I treated recovered. It was almost three hours after the bite before I had an opportunity of treating the animal. The second instance was the case of a young man who was bitten on the hand by a tarantula in a fruit store here. He ran into my office and I immediately applied echinacea on the part and no swelling took place."

Echinacea has proved of value in toothache and ulcerated or spongy condition of the gums.

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The Origin of Electricity.

M. H. LOGAN, A. M., M. D., SAN FRANCISCO, CAL.,

Professor of Chemistry, California Medical College.

IT is conceded that electricity is a mode of motion, and that motion in all its forms is only different aspects of the primal universal force, that primitive, positive condition of Nature. It may properly be considered causation. In this sense substance, acted on, must be considered negative. These two conditions of positive and negative, or plus and minus, or matter and force, or cause and effect, may be understood to cover everything in nature of which we can have any conception.

Vibration is a convenient term, used to cover all forms of motion from zero to infinity, or from absolute stillness to infinite rapidity of motion, and the direction of these vibrations can assume any angle of the 360 degrees of a circle on a horizontal plane; and this plane can take any direction, from the horizontal to the perpendicular, and repeat itself through the other three arcs of a perpendicular circle. So we have here rapidity, from zero to infin-

ity, and direction to all points of the compass. So we can have interferences of these conditions with themselves and with each other, from zero to infinity, otherwise called polarizations. So we can conceive

Rapidity from zero to infinity,
Direction, from zero to infinity,
Polarity, from zero to infinity,
Wave lengths, from zero to infinity,
Media, from zero to infinity,
Etc., etc.

This can be conceived to cover every known or possible substance and condition thereof, from zero to infinity, from the lowest, simplest form of basic matter to the highest conceivable psychic or spiritual condition. So within this universal field we must find electricity in all its varieties or polarizations. The simplest method of explanation is that adopted by Flammarion and Sir William Crookes, and is the simple arithmetical progression of a pendulum beating seconds of time:

1 degree equals			2 vibrations per second		
2	"	"	4	"	"
3	"	"	8	"	"
4	"	"	16	"	"
5	"	"	32	"	"
6	"	"	64	"	"
7	"	"	128	"	"
8	"	"	256	"	"
9	"	"	512	"	"
10	"	"	1,024	"	"
20	"	"	1,048,576	"	"
40	"	"	1 099,511,627,776	"	"
60	"	"	1,152,921,504,606,846,976	"	"

Five degrees of rapidity, or 32 vibrations per second, gives us the lowest musical tone appreciable by the human ear. At the tenth degree, or 1,024 vibrations per second, sound ceases for the human ear, although some sensitives can appreciate higher rates, and the same fact holds true with some animals. This only can explain the space from the tenth to the sixteenth degrees.

It may be interesting here to note that there is no such thing in Nature as noise, sound or music, that outside of the human brain all is eternal silence; that music does not exist as such, and that all sounds are but noiseless vibrations translated into what we are pleased to call music by the auditory nerve and brain cells. Take, for example, the telegraph and telephone wires, that carry only condensed vibrations; but no sound is heard until these vibrations are translated into such at the ends of the line by the human brain, assisted by the sensitized electrical machine.

From the sixteenth to the thirty-fifth degrees, or up to 34,359,378,638 beats per second, we find electrical vibrations. From the thirty-fifth to the forty-fifth, or up to 35,154,732,088,832, there is an unknown field, supposed by some to be the psychic field, or where spiritualistic phenomenon are appreciated. Between the forty-fifth to the fifty-first, we find heat rays and some results of the galvanic current; from fifty-one to fifty-five is another uncertain field. Between fifty-five and fifty-six, or between 450,000,000,000,000 for red light and 700,000,000,000,000 for violet light, al-

known shades of color exist, in less than one degree. This is the total source of all light, from the dulllest glow to the brightest electric lamp, the vibrations of color depending upon the length of the vibrations. Here we find another unknown region, between fifty-six and fifty-eight, in which the highest occult forces may find their play ground. Between fifty-eight and sixty-one, we find the X-ray vibrations, or, in figures, 228,230,376,151,711,774 to 2,305,843,009,213,693,952. This is the highest to which man has calculated, and appears to be the limit of human comprehension, and we approach the infinite space of ether; beyond this is the field of infinite causation, where speculative minds and dreamers build those magnificent and stable structures vulgarly called air castles.

Looking over the whole field, we find electrical phenomenon in scattered groups from 16° to 61° , being a part of sound, heat, light and color. In other words, it is simply vibrations differing from sound, heat, and light by degrees only.

The vibrations of our brain produces a sound, picture or thought, which may be carried through an electric instrument over a sensitized wire to almost any distance, and be received through an electric instrument tuned to the same rate of vibrations. Now come Marconi and Tesla, who will transmit them through the ether without connecting wires. So can the human brain, that most highly sensitive electric machine or organ known, transmit to another, tuned to the same vibrations, almost any message that a machine of

cruder build can carry. In the near future I expect to see infinitely better results without the electrical machine than with it.

The old-fashioned electric machine, as well as the static plates, produce electricity and magnetism by rapidity of revolutions; so with friction on amber, etc.; so with the dynamo giving heat, light and power; so with all planets in their revolutions, giving them a certain amount of magnetism; such is the magnetism of the earth. The sun is more a centre of electricity and magnetism than of heat, giving us the magnetic poles. This magnetic influence can be retained by some metals, like soft iron as such is the horseshoe magnet, mag-

netic needle and the mariner's compass.

Man has been called a microcosmos. I believe him to be an epitome of nature, harmonizing all the grades of vibrations within himself. The application of external electricity may be made of inestimable benefit when a sluggish organ needs revivification or an excited one to be soothed. But the application of electricity must necessarily be empirical until we come to understand the vibrations of each organ and tissue of the body and their relations to electrical vibrations. It is true we know a great deal by experimental investigation, which will be infinitely more when we come to measure the latent polarized force in each nerve and organ.

Catheterism of the Male Ureters.

[Editorial in "Medical Review."]

FOR some years surgeons the world over have been availing themselves of the great advantages, both for diagnosis and treatment, afforded by the Pawlik-Kelly method of cystoscopy and ureteral catheterism in the female. The widespread and practical use of that method has been the means of saving a great many lives that, without it, would have been sacrificed on the altar of ignorance or of deferred treatment. With this method, knowledge has been given as to whether a hematuria or pyuria has its origin in the lower or upper urinary tract; whether one or both kidneys are affected; which of the two organs it is that is causing the steady disintegration of a patient's health; whether the better of the two organs is sound enough to take on the responsi-

bilities of kidney functionation, in case the opposite one is removed—for cancer, for instance, or for pyonephrosis.

Notwithstanding the supreme importance of these questions, in many cases of kidney affections, the problem has been only half solved; that is, it has been solved with reference to the female sex, but not in the male.

During the past ten years, a half-dozen or more instruments have been presented by as many inventors, in Germany, France and our own country, the purpose of which was to effect ureteral catheterism in the male with the aid of a cystoscope. Brenner was among the first of these, followed by Nitze, Caspar, Albarran and others. All of these instruments were to be used on the same general plan, viz.

with fluid distention of the bladder the cystoscope was introduced and search made for the ureteral opening. When it was found, the ureteral catheter that accompanied the cystoscope was to be passed into the opening.

This sounds well in description, but its practice has been found to be quite difficult or, often, impossible. The instruments are complicated, both in their mechanism and use. Furnished with delicate lenses, requiring the finest adjustment to secure any degree of success, while the electrical arrangements were equally delicate, they were to be used in a fluid medium, which, on account of its proneness to become clouded by in-flowing pus or blood, limited the time in which the ureter could be searched for, by obscuring the field. For these and other reasons, it has been found that a considerable proportion (over fifteen per cent in the personal statistics of Dr. F. Tilden Brown) of the cases were impracticable for catheterism with the instruments mentioned.

Harris, of Chicago, submitted his urine segregator, for the purpose of purpose of syphoning the urine of the respective kidneys from the two sides of the bladder, a water-shed for which was formed by a metal piece placed within the rectum. Although this had been acknowledged to be a very ingenious piece of mechanism, its reliability is questioned by many, who doubt the completeness of urine-separation, or who object to the non-elimination of the bladder mucous membrane and its influence on the collected urine.

The latest candidate for favor in the

field of ureteral catheterism in the male is the ureter-cystoscope of Bransford Lewis, for which marked advantages, from several points of view, are claimed. It is an extremely simple instrument, from which all lenses and mirrors have been eliminated; and directness and clearness of vision are secured by doing away with the fluid distention of the bladder, air being used instead. A small electric lamp that gives no heat is placed in the inner extremity of the instrument, giving close and brilliant illumination, without detracting features. The ureteral catheter runs along the inner wall of the cystoscope in a groove, and its inner, as well as its outer extremity is under the complete control of the operator, so that when the ureteral opening is found there is no trouble in engaging the catheter in it. Having done so, the cystoscope is withdrawn from the bladder, the patient lies at ease on the table while the urine is draining direct from the kidney and ureter through the catheter.

Drainage of a ureter by this means is placed beyond any doubt. The operator sees the catheter in the ureter and knows that the urine from the opposite side is not mixed with what he drains into his sterile bottle.

Because of its directness and simplicity, it seems probable that this instrument will supply, for practical usage, the long-felt want of the profession of a means of ureter-catheterism in the male.

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Dr. Samuel C. Smith states: Your advertisement in the Medical Mirror for November, page 26, and referring to Cordial Pas-narnata excites in me wonder that a preparation of this wide-spread usefulness has not been introduced to the medical profession before this. The therapeutic properties of the drug have been known to me for several years. It is first, a nerve sedative; second, a nerve tonic; a classification which, though strange, is nevertheless true. It is undoubtedly a hypnotic and acts as such in insomnia arising from physical exhaustion.

Teething children.

Dr. G. Spiegel writes: Your agent visited my office and, among other preparations, recommended to me your Cordial Pas-carnata. A patient was announced. A baby was brought in crying from restlessness and from teething. Here, I thought to myself, was an opportunity to try the Cordial Pas-carnata. I asked your agent for a sample, administered it on the spot with almost immediate beneficial results.

Sleeplessness of heart disease.

Dr. H. Neal writes: A few days ago your agent kindly left me a sample of Cordial Pas-carnata. I have used this in a case of sleeplessness of heart disease in which other remedies produced no effect. The cordial Pas-carnata brought such happy results that I shall continue to use it wherever indicated.

Insomnia of nervous temperaments.

The following personal letter, the original of which is on file in our office, is valuable testimony: "I am in receipt of your favor of the 6th, also the box of Cordial Pas-carnata recently ordered, for the prompt shipment of which you will kindly accept my most sincere thanks. Your Cordial Pas-carnata has become a household necessity with both my wife and myself. We are both of a nervous temperament and troubled with insomnia, and up to date I have been unable to find anything that will equal the Cordial Pas-carnata in the treatment of the above trouble."

Nervous irritation in women and children.

Dr. Jas. R. Dickens writes: "Your agent left with me a sample of your Cordial Pas-carnata, a preparation entirely new to our physicians. Its use thus far has not been extended, but as a remedy for allaying nervous irritation, especially in women as well as for teething children, I find the Cordial meets a want in my practice which I have long desired to fill.

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A Review and Digest *MEDICINE and SURGERY.*

To a Young Physician.

The paths of pain are thine; go forth
With healing and with hope;
The suffering of a sin-sick earth
Shall give thee ample scope.

Smite down the dragons fell and strong
Whose breath is fever fire;
No knight of table or of song
Encountered foes more dire.

The holiest task by heaven decreed,
An errand all Divine,
The burden of our mortal need
To render less is thine.

No crusade thine for cross or grave,
But for the living man;
Go forth to succor and to save
All that thy skilled hands can.

Before the unveiled mysteries
Of life and death go stand,
With guarded lips and reverent eyes
And pure of heart and hand.

So shalt thou be with power endowed
For Him who went about
The Syrian hill paths doing good
And casting devils out.

The Holy Helper liveth yet,
Thy Friend and Guide to be;
The Healer by Gennesaret
Shall walk the rounds with thee.

—*John Greenleaf Whittier.*

Photo-Therapy.

In the April number of the *Iowa Medical Journal* appears a very interesting

article upon the use of concentrated solar rays in the treatment of skin diseases due to the action of bacteria, and especially of lupus vulgaris, tubercular lymph-glands, as well as pulmonary tuberculosis.

The number of cases reported as being successfully treated should lead us to investigate this improvement over the blue window-glass of twenty years ago.

The author describes the appliance as follows:

"We now use a compound reflector thirty inches in diameter, each part set at such an angle that the sunlight falling upon the whole reflector is focused at a point eight feet in front of it upon an area six inches in diameter. Thus the light from a circular mirror thirty inches in diameter is gathered in a cone of light whose apex is but six inches in diameter; this multiplies the light of the sun about twenty times and covers an area of twenty-eight square inches. That the maximum of the chemical rays and a minimum of the heat rays may be thus focused we have overlaid the reflector with blue glasses. The violet and ultra violet rays are thus made use of, while the red, yellow and green rays are excluded. The reflector is mounted on a tripod stand and is movable in all directions. With this reflector the results have been most gratifying. Our method of using it is as follows:

"The part on which the intense light is to be used is made bare and the patient is placed in front of the reflector at a distance of eight feet. The reflector is then placed at a proper angle so

the condensed rays may fall upon the parts affected. The usual length of time of each sitting is thirty minutes."

Vomiting After Anesthetics.

Blumfeld states that a large proportion of the cases of sickness after anesthetics might be prevented by adopting the following rules:

1. Use as little of the anesthetic as possible.
2. Wash out the stomach at the close of the operation when much mucus has been swallowed.
3. In lengthy operations substitute chloroform for ether after three-quarters of an hour.
4. Place the patient on his or her right side, with head slightly raised.
5. Move the patient as little as possible.
6. Keep the temperature of the room the same for several hours.
7. Give them hot liquids in small quantities for the first eight hours.—*Can. Prac. and Review.*

To remove the offensive odor of iodoform from the hands, the *Eclectic Medical Journal* recommends washing the hands thoroughly with soap and water, rinse with dilute aqua ammonia, after which use the juice of a lemon or a little cider vinegar.

In order to relieve the pain and irritation caused by the removal of dressings adhering to a wound, pour some peroxide of hydrogen over the adherent part of the dressing. This will rapidly soften the coagulated discharges, and

the dressing will come off readily. This method saves the time employed in prolonged soaking with ordinary solutions and relieves the apprehension so usually shown by patients at each fresh dressing.—*International Jour. of Surg.*

A Goitre Remedy.

Dr. Chavette, who will be remembered by the older Chicago physicians, claimed to cure every case of goitre he treated by the use of the following remedy:

R Zinc sulphate,
Salicylic acid,
Iodoform, of each zij
Boric acid zij
Oleic acid, ℥vii

Mix and keep at a boiling heat for several hours, then pour off the liquid and when cold bottle.

Sig. Apply to the enlarged gland, with slight friction, twice daily, until a slight desquamation occurs, after which apply once daily until the enlargement is entirely reduced. In no instance did the disease return.—*Medical Council.*

For Hay Fever.

Muller, of Vienna, treats chronic hay fever by the use of the following formula:

R Menthol, grs. xlv .
Resorcin, grs. xlv .
Alcohol, ℥iiiss .

His patients are all more or less neuropathic, and are subject to gastrointestinal troubles. As he believes that there is a close relationship between gastro-intestinal disturbances

and hay fever, he at once treats the cases by administering alkaline mineral water, using massage and other well known forms of treatment in that line. In addition, he applies a solution of silver nitrate to the nasal cavities by means of a brush, and irrigates with seven or eight litres of water, after which he uses the above solution — *Jour. of the Am. Medical Association.*

In order to prepare leather for making moulded splints, it should be softened. Soaking in water will do, but it takes a day or two before the leather is soft enough. If you wish to save time, place the leather in water containing a tumblerful of vinegar or dilute acetic acid to each quart, and it will soften in a few hours. In order to obtain a really good fit, it is best to take a plaster cast of the limb to be encased and mould the leather over the cast.—*Inter. Jour. of Surg.*

The Origin of Sex.

In a paper read at the Intercolonial Medical Congress at Brisbane in September, 1899, Dr. A. F. Davenport brought forward a number of observations in support of the theory that the sex of the child is determined at the moment of conception and is the opposite to that of whichever parent is at that time in relatively the most vigorous health.

He has carried out experiments upon dogs, in which, by depressing the health of one parent and elevating that of the other, he has succeeded in obtaining results which he regards as

evidence in favor of his view as to the origin of sex and the power we possess of controlling it. He has also carried out his mode of treatment in the case of thirty-nine families, and states that he has succeeded in obtaining children of the sex desired in no less than thirty-two cases, while in four of the unsuccessful cases no pregnancy followed, leaving only three cases to be reckoned as complete failures.

Dr. Davenport considers that Prof. Schenck's theory may be taken as directly substantiating his own. He would regard the mother affected with glycosuria as the less healthy parent and, therefore, only capable of giving birth to female children, since, as he contends, the sex of the child is the opposite to that whichever parent is in relatively the most vigorous health.

The number of theories as to the origin of sex is legion, and the one under consideration is but a modification of Stackweather's "that the sex is determined by the superior parent." As has been pointed out by many writers, if we are to accept any theory of the origin of sex it must explain such well established facts as the preponderance of male births in Europe, of females among mulattoes and other hybrid races, of females among polygamous animals, and of the equality of the sexes among other animals.

If we attempt an explanation of even the first of these facts by Dr. Davenport's hypothesis, we must at once acknowledge the superiority of the female parent. Stackweather points out the difficulty of proving female inferiority, but at the same time there are few, if

any writers who attempt to prove female superiority, and Darwin's theory of sexual selection involves superiority in the male sex and entailed upon that sex. Dr. Davenport brings forward the fact of the excess of male births after a war as being due to the more enfeebling effect of war upon men than upon women; but it has been conclusively shown, and, indeed, this is the only result that can be regarded as proven, that good nutrition produces a preponderance of females, and it is much more likely that the excess of male births after a war, or an epidemic such as cholera, is due to the want of food and general malnutrition than to general physical inferiority upon the part of the fathers.

Similar facts have been shown by Dusing to hold good in the case of animals. Thus, if food be abundant there is an increase in the number of females, and, therefore, a further increase in the number of individuals of the species; while if food be scarce a larger number of males are produced, and the number of the species tends to diminish.

Dr. Davenport also quotes Thury's view that an ovum fertilized soon after its liberation tends to produce a female, while if fertilized later produces a male. He concludes, without any exact evidence, so far as we can see, that a woman is habitually weakened by menstruation, and, therefore, when impregnated soon afterwards, is the inferior parent and likely to bear a female child. In the face of our modern knowledge with regard to the relation of ovulation to menstruation, Thury's

theory can no longer be sustained, as it is quite impossible to tell at what period of time any ovum becomes fertilized.

Dr. Davenport's results are certainly striking, and it is a pity that he has not increased their value by giving them in greater detail. Similar results have been obtained by the breeders of livestock; thus, it is a well-recognized fact that an ill-fed cow is likely to produce a female to a well-fed bull, and vice versa. We fear, however, that if the method of producing children of any desired sex by influencing the health of the father and of the mother be tried in the large number of cases the numerous exceptions will tend to show that the physical superiority or inferiority of one or the other parent is but one of the very many factors that are involved in the complex question of the origin of sex.—*The N. Y. Lancet.*

Osteopathy in Kentucky.

Some time ago an osteopath located in Kentucky, who defended himself against the Board of Health by claiming that his diploma, from the school of osteopathy at Kirksville, Mo., satisfied the law. The status of the Kirksville institution was exhaustively investigated, and the case decided in favor of the state board, Judge Sterling B. Toney presiding. The judge, in summing up the case, among other things, said:

"From the testimony in the case, which I have gone over accurately, it is my opinion that, as a matter of fact, the American School of Osteopathy at

Kirksville, Mo., is not a reputable medical college, and that the State Board of Health has simply performed its duty in refusing to recognize the said school or its diplomas, and to license its disciples or graduates to practice their art in this State.

Out of forty-four States in the Union, it appears in evidence that only four or five States have authorized or allowed the disciples of osteopathy to practice their calling within their borders. In every State the right of an osteopath to practice his calling must depend on the statute of the particular State. In Missouri, where the American School of Osteopathy is chartered, it is enacted by statute that the laws applicable to medicine and surgery do not apply to osteopaths, and the testimony of the plaintiff's witnesses in this case shows that they do not teach, or profess to teach, medicine and surgery in the American School of Osteopathy. How can it be called a reputable medical college when its own professors repudiate and refuse to teach materia medica, and therapeutics, and chemistry, and anatomy and physiology, and confine themselves alone to manipulation?"

Osteopathy has just received a set back in Georgia. A bill has passed both houses of the General Assembly, providing for the practice in Georgia of osteopathy, but Governor Chandler, after conference with many physicians, vetoed the bill.—*Med. Mod. Science.*

A number of cases are reported where full strength alcohol has been used to antidote the effects of carbolic

acid. Those who have used it are more than satisfied with the results.—*Chicago Med. Times.*

Preservation of Suprarenal Solutions.

The method for the preservation of suprarenal solutions employed for over a year in Buffalo with excellent satisfaction is as follows:

Seven and a half grains of the extract of suprarenal capsule is rubbed to a paste, then water is added gradually until there is a solution of one ounce. This is then heated for some time to 160° F., water being constantly added as the solution evaporates so as to keep the amount of liquid always up to one ounce. Fifteen grains of boric acid are then added, and the solution is ready. It will keep for weeks.

The suprarenal extract is used in the eye in the shape of small wafers. To make these the extract is rubbed up into a paste and mucilage is added to give it consistency. These feel somewhat rough, but are unirritating when moistened. The addition of formalin, 1 to 10,000, or the employment of a concentrated extract of glycerin diluted as required, are good methods for preserving the solution. But both the formalin and glycerin have proved irritating to some eyes.—Lucien Howe in *Medical News.*

Nerve Tonic.

R Asafoetidæ, ʒi
Acidi arseniosi,
Strychnine sulphatis, aa grs. ss
Ext. sumbul, grs. xxx
Ferri subcarbonatis, grs. xx.
Quinine Valerianatis, grs. xx.

M. Ft. capsula No. 24. Sig One capsule after each meal.—*Ex.*

Timely Topics.

The Treatment of Chorea.

BY MILTON P. CREEL, M. D.,

Surgeon I. C. Railway Surgeon L. & N. R. R., member National Association Railway Surgeons, member American Medical Association, member Mississippi Medical Association, member Tri-State Medical Association, member Ky. State Medical Association, Secretary Muhlenberg Co. Board of Health, Referee for Muhlenberg Co. for State Board of Health, member U. S. Board Pension Examiners, member So. Ky. Medical Society, etc., etc., Central City, Ky.

The pathology of chorea has been long an unread chapter to the medical profession, yet the gravity of the affection is such that anything which promises to render the disease more tractable to treatment will at once be received by the profession with enthusiasm. For a long time one remedy has dominated the therapeutics of chorea. That remedy has been arsenic. I have been convinced that arsenic, while it is capable of rendering us much good, is far from being a remedy which exerts a curative action. We will search in vain for clinical evidence among the best observers for positive statements that arsenic abbreviates the duration of the disease.

The truth is now generally understood among the best observers that arsenic only is a tonic, and its action for the improvement of the patient is along this line, and that it does not act as a specific in any sense of the word.

In the treatment of chorea nothing is of more importance than to maintain the nutrition of the patient. When this is neglected all the factors in the case rapidly grow worse. This can be easily understood when we think how much muscular activity is going on, and how great the consequent tissue waste.

It has become a steadfast rule with

me to have my patients with chorea fed systematically and adequately, as I do in typhoid fever. Milk, predigested foods and appropriate and available articles of diet are to be given regularly. The physician should not fail to direct the nurse as to how much food the patient should take in twenty-four hours, and see that the importance of attention to the nutrition of the patient is fully comprehended by the nurse or parents. Another matter of great importance is attention to the treatment of any coexisting disease condition present in the case in hand. Very frequently we find anemia associated in the case, when we should at once exhibit an appropriate preparation of iron and continue it until the anemia is eliminated.

From the inception of the attack I give the patient Cordial Pas-carnata. This remedy, by its tonic action on the nervous system, tends to quiet the muscular activity and produce quiet of the nervous system. The patients sleep, and the rest gained in this way brings strength to resist the disease. I have been able by means of this remedy to bring the disease to a shorter duration.

Of course, as already indicated, I give other remedies which are deemed fitting to overcome any coexisting disease condition. I also at the very beginning commence with systematic feeding.

I have by this means rarely found chorea to run a course longer than two weeks. In those cases which pursued a longer course there has been associated anemia, rheumatism, or some other condition which would naturally aggravate the chorea.

THE WM. S. MERRELL CHEMICAL CO.

College, Alumni, Personal

The Twenty-first Annual Commencement.

On the 16th day of May the twenty-first annual commencement exercises of the California Medical College took place at Metropolitan Temple.

The hall and rostrum were tastily decorated with palms, flowers and ferns, and presented an inviting appearance.

Promptly at 8:30 o'clock the Faculty and Class of 1900, fifteen strong and clad in the time-honored scholastic gowns and mortar-boards, entered the hall and marched to the rostrum, the Faculty being seated on the left and the class on the right. Prof. J. B. Mitchell acted as master of ceremonies.

The class roll consisted of the following: S. P. Blumenberg, Edward H. Byron, Harry B. Crocker, Katherine Duff, Frank S. Dobs, Max J. Gerdes, Vera Hamilton, Wm. H. Horsley, Law Keem, Fred. J. Petersen, George G. Reinle, John A. Riley, Wm. C. Shipley, Samuel H. Weitman, Chas. B. Waller.

The following program was rendered, much to the pleasure and satisfaction of the large audience present:

Grand March (piano).....*Selected*
 Mrs. S. P. Blumenberg
 Invocation.....Rev. Benj. Fay Mills
 Cornet Solo—*Selected*....Mrs. L. A. Larsen
 Conferring Degrees. Dr. D. Maclean, Pres.
 Vocal Solo—*Selected*.....Katherine Krieg
 Address.....Hon. S. M. Shortridge
 Cornet Solo—*Selected*..Mrs. L. A. Larsen
 Benediction.....Rev. Benj. Fay Mills

The address to the graduating class by the Hon. S. M. Shortridge deserves special mention, as without doubt it was the ablest and most scholarly address ever delivered to a class in the annals of the

college. Mr Shortridge is one of the foremost orators on the coast, and his remarks were free from any unpleasant references or reflections upon other schools of medicine. He paid high tribute to the college and the Eclectic school in general, and eulogized it as the American school of medicine.

Notes.

Dr. Gates of Oroville was in town last week on business and pleasure.

Dr. W. P. Scott, late resident physician of the Maclean Hospital, has gone to Oakland, where he will assume charge of Dr. Stark's practice while the doctor is in Europe.

Dr. E. J. Stark of Oakland has gone for a six months' trip through the East and Europe, and will spend some time in Paris taking in the sights at the Exposition.

Dr G. F. Hamilton of Augusta, Wis., is visiting his brother, Dr. J. W. Hamilton, of this city. Dr. Hamilton has been in active practice in Augusta for thirty years, and has come to California for rest and pleasure, but will keep an eye open for a location, as he contemplates making this his home. The JOURNAL wishes the doctor success and happiness.

The other day we had occasion to call at Dr. Harvey's office on business, and to our great surprise found a Bible upon the center table in the doctor's waiting room. We are at a loss to account for it. Perchance it was left by one of his patients.

Dr. Moffitt, late of Lewiston, Idaho,

paid the JOURNAL a pleasant visit the first of May, and says he has come back to California to locate. The doctor has been in Idaho for some years past, where he enjoyed a large and lucrative practice, but owing to the ill health of some members of his family he found it necessary to return. The JOURNAL's best wishes attend him, for we know success will follow him wherever he may locate.

Drs. E. H. Mercer and F. S. Dobs have gone to Nome with a big stock of drugs and a fully equipped hospital.

Professor Stetson sailed for Nome on the 21st of May on the Zealandia for a three-months' trip.

Dr. John R. Fearn, one of Oakland's most prominent physicians, was married last March in San Rafael to a cousin of Cecil Rhodes, the South African autocrat. The doctor will leave for England this fall for a stay of some months, after which he and his fair bride will return to California to take up their residence. The JOURNAL wishes the doctor eternal felicity, and may success be with him throughout his life.

Dr. Law Keem of the Class of 1900, C. M. C., is the first Chinese to ever graduate in medicine in this city. His English education has extended over a period of thirteen years, and is a graduate of the Healdsburg College, which is conducted under the auspices of the Seventh Day Adventists.

Committee Appointments.

G. W. Boskowitz, M. D., President of the National Eclectic Medical Associa-

tion, which meets at Atlantic City, N. J., June 19th, announces the following appointments from the Pacific States on the Committees on Medical Legislation and Status:

Committee on Medical Legislation—California, G. G. Gere, M. D., San Francisco; Nevada, S. L. Lee, M. D., Carson; Idaho, J. J. Herrington, M. D., Wardner; Oregon, H. E. Curry, M. D., Baker City; Utah, R. A. Hasbrok, M. D., Salt Lake City; Washington, John Hoxsey, M. D., Spangle. C. Edwin Miles, M. D., Boston, is Chairman of the Committee; H. D. Gridley, M. D., Binghamton, N. Y., Vice-Chairman, and William Collins Hatch, M. D., New Sharon, Me., Secretary.

Committee on Status—California, D. Maclean, M. D., San Francisco; Idaho, F. C. Machette, M. D., Wardner; Nevada, S. L. Lee, M. D., Carson; Oregon, W. S. Mott, M. D., Salem; Utah, J. T. Taylor, M. D., Salt Lake City; Washington, D. J. Turner, M. D., Cheney.

An Inexpensive Tip.

Physician (in restaurant): What do I owe, waiter?

Waiter: One mark.

Physician (after searching his pocketbook): Pshaw! I find I have only one mark left. Here, let me feel your pulse. Normal. Let's see your tongue. That's all right, too. You're in first-rate shape. You have nothing to pay for your consultation—it is your tip.

THE FIVE KINDS.—"Yes that's Dr. Bloggs."

"Allopath, homeopath, eclectic, horse or divinity?"—*Indianapolis Journal*.

CALIFORNIA MEDICAL JOURNAL.

Published by the California Medical College.

W. O. SHIPLEY, M. D., }
H. B. CROCKER, M. D., } MANAGERS.

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The Editor disclaims any responsibility for the statements or opinions of contributors.

EXPRESSION IS ESSENTIAL TO GROWTH. WE CORDIALLY INVITE ALL ECLECTIC PHYSICIANS WHO WOULD KEEP ABREAST WITH THE TIMES TO MAKE FREQUENT USE OF OUR COLUMNS.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

This JOURNAL will be issued on the first day of the month.

Let all communications be addressed and money orders be made payable to the

CALIFORNIA MEDICAL JOURNAL,

1422 Folsom Street,

San Francisco, - - - California

*Editorial.***A New Epoch.**

This issue of the JOURNAL, we hope, will mark the beginning of a new epoch in its history. The JOURNAL has done well in the past, and we hope it will accomplish even greater things in the future.

For the past eight months the present managers have been laboring under the disadvantages of being only Senior medical students; hence natural modesty would cause us to refrain from appearing too presumptuous by editorially expressing our views on items of current interest to the medical pro-

fession in general and our worthy readers in particular.

We wish to state, and not in an egotistical manner, that in the past six months we have been fortunate enough to more than double our subscription list, which of itself is a silent testimonial to our endeavors to improve an already good publication.

And now that we have received our degrees and will feel free to branch out and exert our energies in behalf of our cause, we feel assured that our efforts will be rewarded, not only with the approval of our readers, but with their hearty co-operation and support.

The CALIFORNIA MEDICAL JOURNAL can and should be made to be not only the best publication on the Coast, but a prominent factor in the affairs of the American school of medicine.

We shall soon enlarge our department of original material by adding new contributors, not only in this State but from all parts of the country.

Our aim will be to give our readers a publication worthy of the cause of Eclecticism and a credit to our College and State Society, of which it is the official organ.

SHIPLEY.

State Medical Laws.

The principal clause in the medical bill which was recently passed by the Ohio legislature states that all graduates in medicine will be required to

pass an examination after July 1st, 1900. This does not apply, however, to students at present matriculated in Ohio medical colleges.

Although no one will deny to any state the right to protect its people against the practices of poorly equipped physicians, yet it seems that there is a better way to accomplish the same result. A medical college, incorporated under the laws of a state to give proper and complete instruction, can legally graduate none but competent men if it conforms to the requirements of the laws under which its charter was obtained. For any body of legislators to issue a charter to college trustees who explicitly agree to give instruction in a manner satisfactory to the state, and then to require that graduates of that same institution shall pass a state examination to determine their ability, appears to us about as sensible and necessary as is most legislation. Why the colleges of Ohio permitted such an aspersion to be cast upon their standing as institutions of learning, and why the present matriculates are superior to those of the future, we fail to understand. If the colleges have deteriorated from their former excellence, which is a ridiculous assumption, then laws might better be made which would raise the requirements for graduation from those schools. If the agreements entered into by the founders have not been fulfilled, then the remedy is apparent. If students have been poorly trained can they be considered any better able to practice medicine after obtaining a certificate from any state board of examiners? Can a few weeks or months

of "cramming," not considering the possibilities of dishonesty and bribery, compensate for years of poor work in college? We think not.

To get at the root of this evil, legislation should be directed to the colleges and not toward the student, who has, perhaps, made the best use of what the college instruction afforded. To burden the physician with laws and requirements is simply to invite evasion, dishonesty and jobbery. Why should such laws be passed when the colleges, the fountains from which our young doctors each year are sent forth, might be more easily controlled and the desired result obtained promptly and with little chance of jobbery? Why cannot each state have a board of medical college examiners, as well as bank examiners, etc.? Is it not equally or more important? If such a board could be appointed the confidence of the people in the physician, young or old, would become established, for all colleges would be placed on the same basis. The "diploma mills" would be killed and the profession would attain the prestige that it deserves, but has never held in this country, and never will under existing conditions.

CROCKER.

A Deep-laid Scheme.

Our friends, the Antikamnia Chemical Company, have informed us that there will be an attempt made on the part of some foreign chemical manufacturers to elect their allies as members of the Section of Materia Medica of the American Medical Association, so as to have them endorse the use of

foreign products in preference to our reliable American chemicals and medicines.

If such an attempt is made it will be dastardly in the extreme, and every American physician should deem such an attempt as an insult to their honor.

As to our school of medicine such a procedure would have but little weight, even though successful, for we believe in the doctrine of "America for Americans," and a recommendation of foreign products would go in one ear and out of the other.

"Fonetic Speling."

The editor of the *Medical World* is advocating a radical change in the orthography of the English language. Although the doctor and the eminent educators he quotes may be entirely correct in their views, still it appears to us the height of folly and needlessness, to say nothing of the gigantic undertaking involved.

The study of spelling is by far one of the best modes of developing the memory and other faculties of the brain, but, sad to relate, is now very much neglected in our public schools all over the country, and this may, in a way, account for these so-called "prominent educators" advising a revolution of our world-widely-spoken, good, old-fashioned English language, thus covering up their own sins.

Phonetic spelling offers but a very poor solution in this much discussed problem, for there are many letters that have the same sound under certain conditions, to say nothing of the fact that

people do not appreciate sounds alike and are unable to differentiate between broad, flat, long and short sounds of letters.

Then, too, the phonetic method of spelling makes a man appear decidedly lazy. s.

Special Notices.

Attention, Physicians and Druggists FOR SALE.

One of the best paying businesses in San Francisco. Good practice and drug business combined. Established ten years; price moderate; owner leaving the State. For particulars apply to JOURNAL office.

Wanted.

After the middle of May a physician would be willing to take charge of some physician's practice temporarily. Address, Box 85, CALIFORNIA MEDICAL JOURNAL.

Correspondence.

AN APPRECIATIVE LETTER.

CINCINNATI, O., May 5, 1900.

EDITOR CALIFORNIA MEDICAL JOURNAL—

Dear Sir: I am in receipt of the May number of your JOURNAL, and have read with much interest your notice of "Stringtown on the Pike," pages 146 and 150. The point you make concerning the great distinction between man and the brute pleases me very much, as such notes indicate that a

reviewer is thinking of the substance of the work reviewed.

With my kind regards and assuring you that I appreciate highly these monthly notices, and trusting to meet you in the near future, I remain, sincerely, yours,

JOHN URI LLOYD.

P. S. When the bound volume appears next fall, I think you will find the volume will please you.

Publisher's Notes.

The Class of 1900, C. M. C., have shown good judgment in purchasing their instruments from the reliable firms of N. W. Mallery and J. H. A. Folkers & Bro. These gentlemen keep nothing but the best surgical instruments and supplies.

The Oakland Chemical Company of New York wishes to call the attention of the readers of the JOURNAL to their new advertisement in the pages devoted to that branch of medical journalism.

Spring Coughs.

Dr. George Brown, eye, ear, nose and throat specialist of Atlanta, Ga., one of the most widely known specialists and most skillful operators in the South, in a timely article in *Moody's Magazine of Medicine*, said:

"Nothing is more annoying to a patient than a perpetual tickling cough. Whether the immediate cause be marked or mild, if allowed to continue the results are almost sure to be more or less serious. The paroxysms initiate untoward reflex impressions, augment the local disturbances and, by interfer-

ing with the patient's rest, depress the vis vitæ, making the sufferer readily susceptible to the inroads of other attacks.

"As practitioners are aware, tickling coughs are particularly numerous and stubborn during the spring and fall. It is well therefore, at such times to prescribe that which will be sure to relieve without unpleasant after-effects. In nine cases out of ten antikamnia and codeine tablets will be found almost a specific. The well-known analgesic properties of antikamnia act excellently and synergetically with the physiological effects of codeine, which has a marked salutary influence on the pneumogastric nerve, making this combination one of the most valuable in medicine."

Change of Location.

Please note change in our address from 77 Pine street to 128 Pearl street, New York. Yours truly,

THE CHAS. H. PHILLIPS CHEM. CO.

For Eczema.

R Salo-Sedatus 3j
Corrosive sublimate (powd.) grs.ij
Oil of cade (Younkin's) 3ij

M. Apply twice a day. As the patient improves, one application daily will be sufficient, and, finally, once a week. This relieves the itching and cures. We put this against any treatment in use.

Prolapsus.

It will be perceived that where en-

gorgement of the womb is relieved the power of the medicine in the Water-house Uterine Wafers to contract the walls of the vagina is certain to restore the prolapsed organ to its normal situation.

The Denver Chemical Company, proprietors of Antiphlogistine, has issued a very neatly arranged and pleasingly illustrated booklet, entitled "Antiphlogistine," in which is described the conditions, uses and different modes of applying this valuable remedial agent.

Many physicians are acquainted with the many uses to which Antiphlogistine can be put, and those who are not would do well to read this little booklet, which would be gladly sent to them upon application.

F. E. Harrison, M. D., Abbeville, S. C., says: I have used Celerina in appropriate cases and can heartily recommend it to all who wish an elegant preparation, combined with undiminished therapeutic activity. It is peculiarly fitted to such cases as delirium tremens, headache from debauch or excessive mental or physical exertion.

Professor Robinson has given to the public the greatest device ever invented for preserving health and curing disease. This is Robinson's Thermal Bath Cabinet for home use and office practice. I am using it in my office practice and cannot speak too highly of its merits. People who suffer with rheumatism should, instead of seeking relief at

mineral springs, procure this cabinet and treat themselves in their own homes. Professor Robinson's method of cure by alcoholic heat is correct, as he can speak from experience. I have taken patients who came from different mineral springs pronounced incurable, and after giving them a few weeks' treatment with the alcohol process, the rheumatism left them like magic. My experience of many years' practice has convinced me that a person troubled with rheumatism, or in fact any other disease, should not be soaked in hot water, as it debilitates the patient, while the hot air alcohol bath leaves the patient invigorated without alcohol stimulants internally. This treatment is a great blood and skin purifier and invaluable in treating rheumatism, liver and kidney troubles, bad colds, pneumonia, reducing superfluous flesh and toning up a weak, nervous system. The cabinet should find a hearty welcome in every household.

D. L. DAKIN, M. D.,
Detroit, Mich.

For Burns and Scalds.

R Salo-Sedatus ʒij
Linseed oil (raw oil) ʒjv

M. Apply freely upon surgeon's lint, or apply with a brush, and cover the parts with cotton. This relieves the pain and prevents the shock, and if continued it will hasten a healthy termination of the inflammation.

W. Irving Hyslop, M. D., 4408 Chestnut street, West Philadelphia, Pa., says: I have used Celerina quite large-

ly both in private and hospital practice, and with gratifying results. It is void of repugnant taste and is readily retained by the stomach. My experience with Celerina has been confined chiefly to its use in nervous diseases, particularly loss of nerve power, and the opium habit, in which conditions it has served me well, and I shall continue to prescribe it both in private and hospital practice.

Book Notes.

Injuries to the Eye in Their Medico-Legal Aspect, by S. Baudry, M. D., Professor in the Faculty of Medicine, University of Lille, France, etc.; translated from the original by Alfred James Ostheimer, Jr., M. D., of Philadelphia, Pa.; revised and edited by Chas. A. Oliver, A. M., M. D., Attending Surgeon to the Wills Eye Hospital, Ophthalmic Surgeon to the Philadelphia Hospital, Member of the American and French Ophthalmological Societies, etc.; with an adaptation of the medico-legal chapter to the courts of the United States of America by Chas. Sinkler, Esq., Member of the Philadelphia Bar; 5½x7½ inches; pages x-161; extra cloth, \$1 net; The F. A. Davis Co., publishers, 1914-16 Cherry street, Philadelphia, Pa.

This is a compact yet complete little work, and contains all the information which might be useful to the practitioner who wishes to be sure of his prognosis in cases of optical trauma. It will be especially of value to any medical man who may be called to give testimony in cases involving questions as to the severity of injury and the probable result.

The presswork is of the best, and the matter so arranged that there is no

difficulty in finding any subject relating to injuries of the eye.

The Anatomy of the Brain, A Text-book for Medical Students, by Richard H. Whitehead, M. D., Professor of Anatomy in the University of North Carolina; illustrated with forty-one engravings; 6½x9½ inches; pages v-96; extra vellum cloth \$1 net; The F. A. Davis Co., publishers, 1914-16 Cherry street, Philadelphia, Pa.

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Transactions of the National Eclectic Medical Association of the United States of America, for the year ending June 22, 1899, including the Proceedings of the Twenty-ninth Annual Meeting, held at Detroit, Michigan, June 22, 1899, together with the Reports, Papers and Essays furnished before the several sections in their sittings; edited by Pitts Edwin Howes, Secretary; Volume XXVII; published in behalf of the Association.

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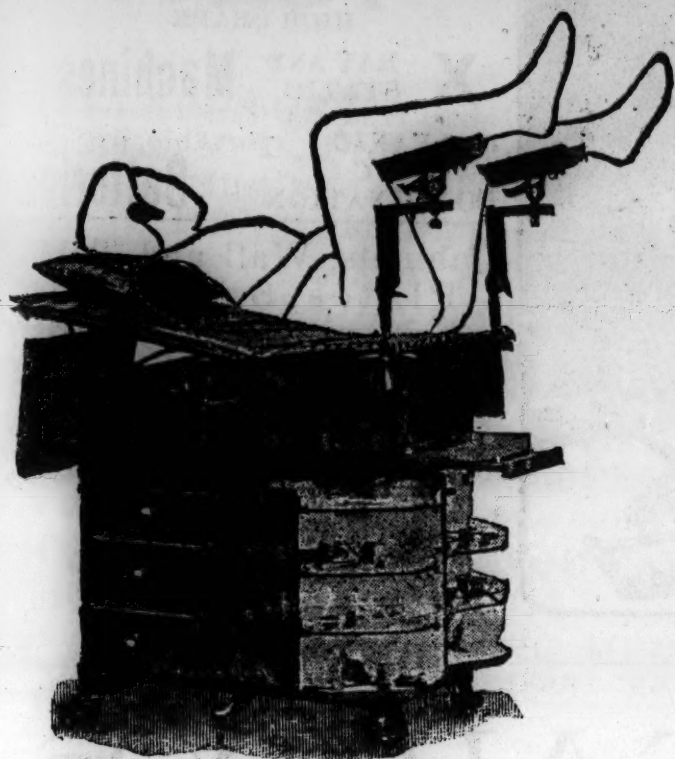
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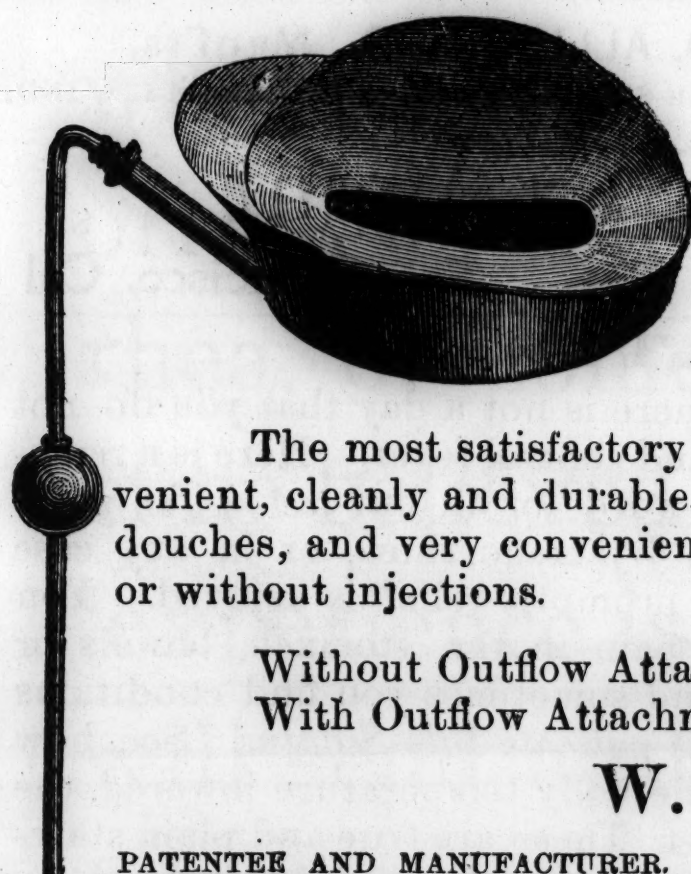
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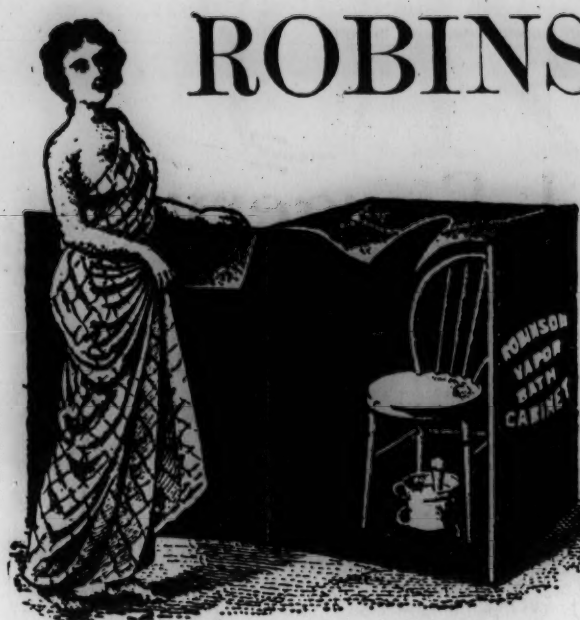
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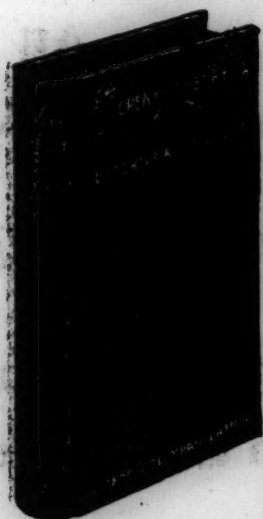
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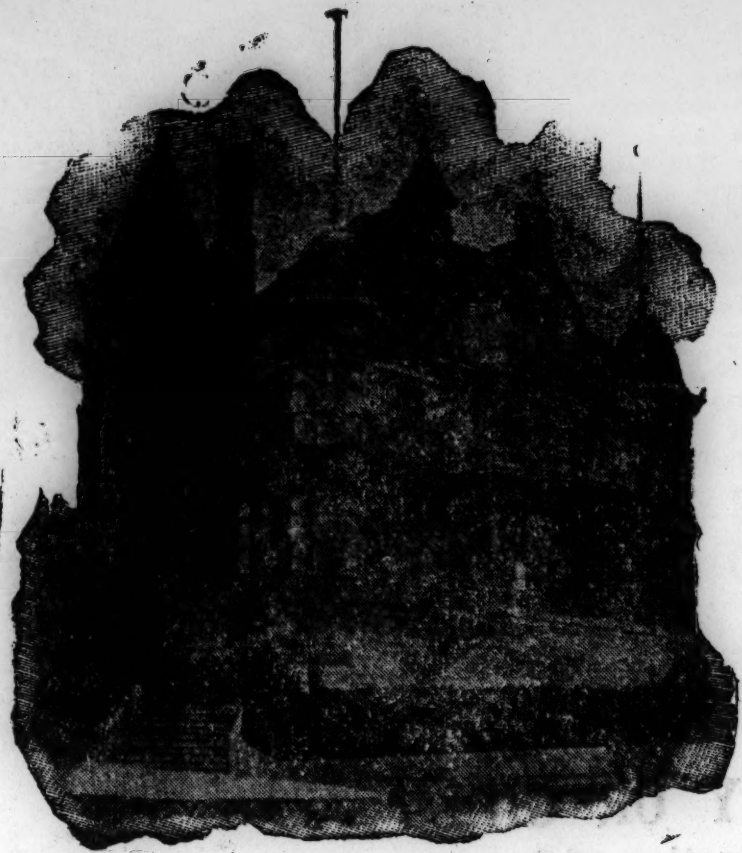
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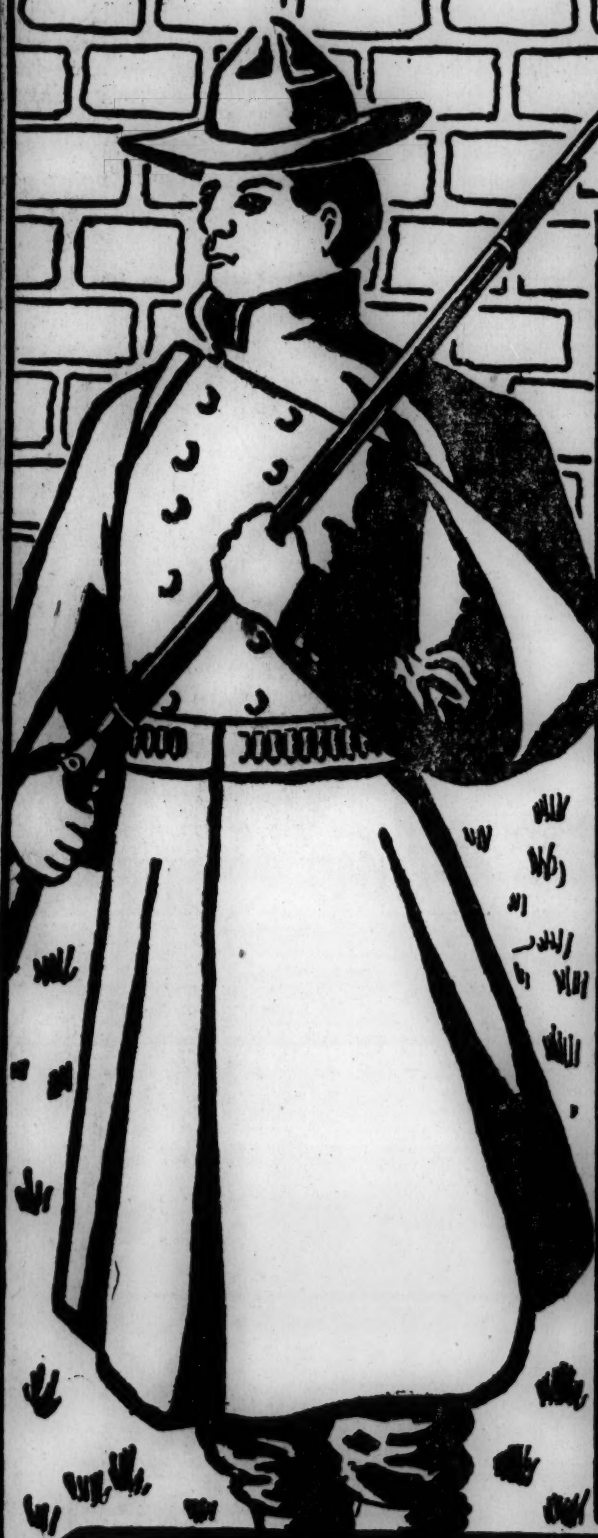
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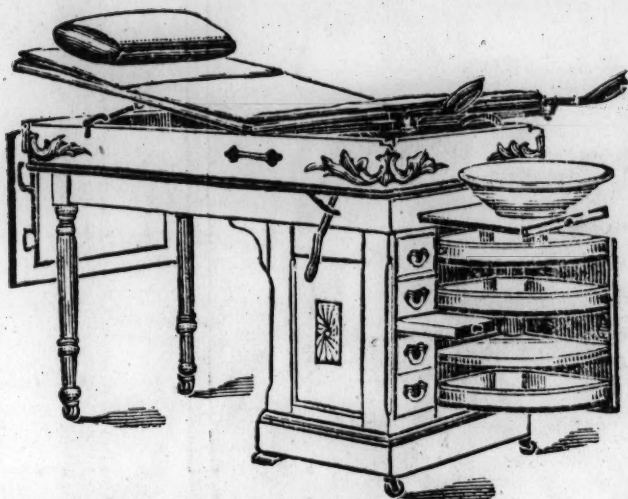
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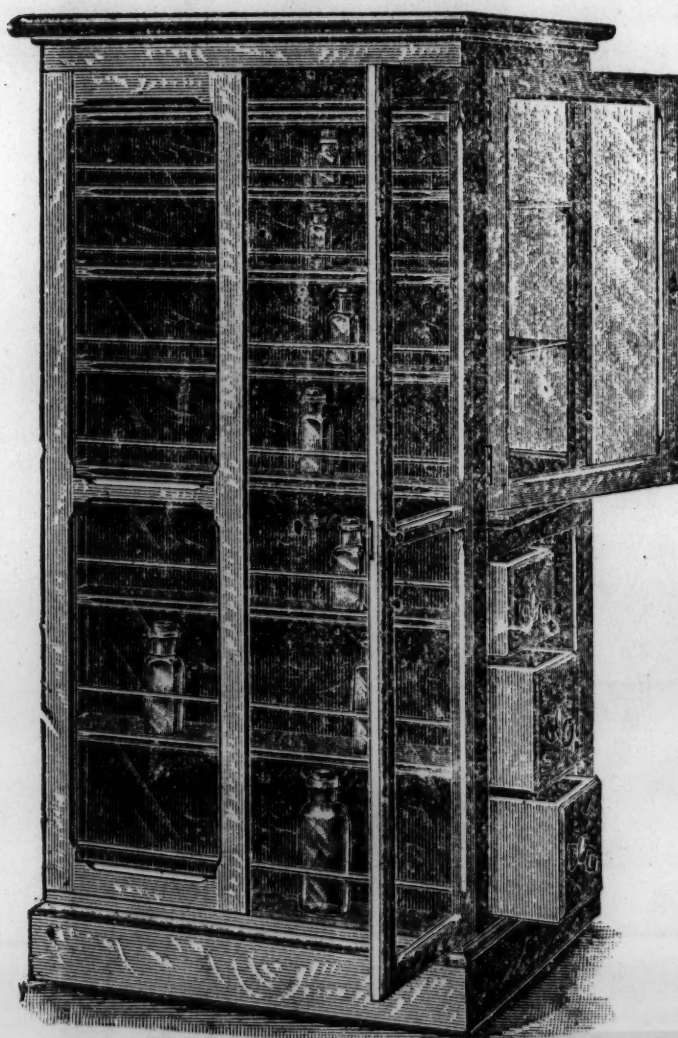


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BATTLE & CO., CHEMISTS
CORPORATION, ST. LOUIS, Mo., U. S. A.

Cascaroma

A palatable and effective preparation of true *Rhamnus Purshiana* bark, full strength of U. S. P. Fluid Extract. Contains entire soluble constituents of the official bark with the bitter principle disguised (not removed).

Properties:—Tonic laxative, peristaltic, carminative. The most approved remedy in habitual constipation.

Duo-Peptonate

Liquor Ferri et Mangani peptonatus, Worden

Neutral, non-astringent and permanent solution, containing $1\frac{1}{2}$ grains of Iron and $\frac{1}{4}$ grain of Manganese, as albuminoid peptonates, to each tablespoonful. Does not affect the teeth, and causes less constipation than other iron preparations. Increases the amount of Hæmaglobulin progressively. Produces no functional disturbances during assimilation. Indicated in chlorosis, anæmia, chorea, during convalescence, and in all wasting diseases.

Milk of Bismuth with Pepsin

Lac Bismuthi cum Pepsino Worden

A chemically and therapeutically correct combination of these remedies, replacing elixirs and other unscientific mixtures.

Each fluidounce contains Bismuth Citrate (amorphous hydrate), 16 grains; Pepsin, U. S. P. (as glycerole), 16 grains, with hydrochloric and lactic acids in proportion as they are found in normal gastric fluid.

Indications:—Chronic and nervous dyspepsia, gastralgia, all cases of reflex vomiting (especially during pregnancy), cholera infantum, colic and other infantile disorders.

Dose:—One or two teaspoonfuls well diluted. May be combined with aromatic waters, creasote, alkaloidal salts, hydrocyanic acid, etc., but not with alkalies.

Nasal and Throat Spray with Geoline

Geolium Antisepticum, Worden

Formula of the Manhattan Hospital.
Geoline combined with pure (optically correct) Menthol, Eucalyptol and Terebene. Valuable antiseptic emollient and stimulant in ozena, catarrh, chronic bronchitis and affections involving the mucous membranes of the respiratory organs. Easily diffused through an oil atomizer or nebulizer.



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CLINTON E. WORDEN & CO.,

MANUFACTURING PHARMACISTS,

BRANCH,
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San Francisco, Cal.

ECHAFOLTA

THE BEST REMEDY
IN ALL

SEPTIC CONDITIONS.

"During the recent summer, I believed I saved the life of a little negro boy by the use of Echafolta and this remedy alone. He was about four years old, and his surroundings were of the most unsanitary character and his nursing the poorest imaginable. In spite of these unfavorable conditions he recovered after an exhaustive disease lasting more than two months. The trouble began very much like a case of continued fever, but of a low type. He continued to get worse and about the second week experienced an alarming condition approaching collapse. The heart action became very feeble and intermittent. Following this depression came an exhaustive diarrhea of a choleraic character. I easily controlled this diarrhea with rhus aromatica. At this juncture septic infection became evident and the lungs were involved with a pneumonia of quite pronounced severity. I then began administering ten-drop doses of Echafolta. This had the effect of mitigating the symptoms considerably, and in a few days his condition was so much improved that I stopped the remedy, and then the symptoms became greatly aggravated. I again resumed the Echafolta, when a complete change for the better took place, but it was followed by another profuse diarrhea and I discontinued the Echafolta and again controlled the diarrhea with rhus aromatica. At this stage of the disease (third week) circumscribed, inflammatory swellings appeared on various parts of the body. These were sluggish, and, at first, quite painful, but soon developed into abscesses and would break spontaneously, discharging a sanious and offensive pus. The abscesses continued throughout the course of the disease (ten weeks) and numbered at no time less than six, appearing chiefly near the joints, on the neck, in the groin, on the back and one on the scalp. Feeling convinced at the time that Echafolta was the only remedy administered that seemed to hold the disease in check, I put him on ten-drop doses every three hours and kept him on it until complete recovery took place. From what I observed in this case I believe that the boy could not have lived without the remedy, for whenever it was discontinued he became alarmingly worse, and whenever it was resumed, his condition became better so promptly that I could attribute it to no other cause. The boy to-day is strong and hearty and shows no ill effects of his serious illness."

H. W. FELTER, M. D., Cincinnati, Ohio.

Price Per Pound, \$2.00
Per ¼ Pound, 60 cts.

For Sale by over 200 Wholesale Druggists in the United States.
Order it from ANY CITY.

LLOYD BROTHERS, MANUFACTURERS, CINCINNATI, O.

Said the Doctor:

"I feel no timidity in starting into the Summer with *Lactopeptine* at my command; I consider every place it is kept a life-saving station."

LACTOPEPTINE, when given early enough, has prevented many a case of gastro-enteritis.

Dose—for Children:
Powder, 1 to 5 grs.
Elixir, $\frac{1}{4}$ to 1 teaspoonful.

The N.Y. Pharmacal Assn
Yonkers, N.Y.